

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 101-R001
<p>I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I am authorized to act on behalf of the following company: <u>SAMSUNG Electronics Co., Ltd.</u> and the title of my position with said company is: <u>Group Manager of Intellectual Property Group</u> The entire title to the patent identified below is vested in said company.</p>		
Name of Patentee(s): <u>Yong-hwan PARK</u>		
Patent Number <u>6,324,373</u>	Date Patent Issued <u>November 27, 2001</u>	
Title of Invention <u>PRE-TRANSFER SYSTEM IN AN IMAGE FORMING APPARATUS</u>		
<p>I believe said patentee(s) to be the original, first and sole or joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>PRE-TRANSFER SYSTEM IN AN IMAGE FORMING APPARATUS</u> the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number <u>n/a</u> and was amended on _____ (if applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows:</p> <p>One error being relied upon as a basis for a reissue is that independent claims 1, 9, and 15 contain unduly limiting features including for example "a lens is disposed opposite to a light emitting portion of the pre-transfer lamp" (claim 1), "a mirror for directing the light from the first light-emitting diode" (claim 9), and "focusing the light into a line pattern" (claim 15). These and other features recited independent claims 1, 9, and 15 unduly and erroneously limited the scope of patent protection for the invention described in U.S. Patent 6,324,373.</p>		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)		Docket Number (Optional) 101-R001	
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> <p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p>			
Name(s)	Registration Number		
Patrick J Stanzione	40434		
Seungman Kim	50012		
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number	38209	→	Place Customer Number Bar Code Label here
Type Customer Number here			
OR			
<input type="checkbox"/> Firm or Individual Name	Patrick J Stanzione		
Address	1740 N St., N.W., 1st Floor		
Address			
City	Washington	State	DC
		ZIP	20036
Country	USA		
Telephone	202 775 1900	Fax	202 775 1901
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of person signing (given name, family name)			
Dong-ho Lee			
Signature	Date		
Dongho Lee	Nov 25, 2003		
Residence	Citizenship		
Yongin city, Korea	Republic of Korea		
Post Office Address 206-706, LG Village, Seungbok-dong, Yongin-city, Kyungki-do, Korea			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE INVENTOR	Docket Number (Optional) 101-R001
<p>As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number <u>6,324,373</u>, granted <u>November 27, 2001</u>, and for which a reissue patent is sought on the invention entitled <u>PRE-TRANSFER SYSTEM IN AN IMAGE FORMING APPARATUS</u> the specification of which <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> was filed on _____ as reissue application number <u>n/a</u> and was amended on _____ (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows:</p> <p>One error being relied upon as a basis for a reissue is that independent claims 1, 9, and 15 contain unduly limiting features including for example "a lens is disposed opposite to a light emitting portion of the pre-transfer lamp" (claim 1), "a mirror for directing the light from the first light-emitting diode" (claim 9), and "focusing the light into a line pattern" (claim 15). These and other features recited independent claims 1, 9, and 15 unduly and erroneously limited the scope of patent protection for the invention described in U.S. Patent 6,324,373.</p>	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) [0]-R[00]
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.		
Name(s)	Registration Number	
Patrick J. Stanzione	40434	
Seungman Kim	50012	
Correspondence Address: Direct all communications about the application to.		
<input checked="" type="checkbox"/> Customer Number OR <input type="checkbox"/> Firm or Individual Name	38209 <i>Type Customer Number here</i>	→ Place Customer Number Bar Code Label here
Address Address City Country Telephone	Patrick J. Stanzione 1740 N St., N.W., 1st Floor Wshington USA 202 775 1900	
	State DC	ZIP 20036
	Fax 202 775 1901	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.		
Full name of sole or first inventor (given name, family name)		
Yong-hwan PARK		
Inventor's signature		
Residence	Suwon-city, Korea	
Post Office Address	931-505 Samsung-Teayoung Apt Byeokjeonggol, 9, Youngtong-dong, Suwon-city, Korea	
Date	11/25/03	
Citizenship	Republic of Korea	
Full name of second joint inventor (given name, family name)		
Inventor's signature		
Date		
Residence		
Citizenship		
Post Office Address		
Full name of third joint inventor (given name, family name)		
Inventor's signature		
Date		
Residence		
Citizenship		
Post Office Address		
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.		